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HEALTH

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THE CARE OF THE CHILD

One of the improvement schemes sanctioned by the Union Ministry of Health during the current year is that for the establishment of a Department of National and Child Health at the All India Institute of Hygiene and Public Health at Calcutta. This has been rendered possible by liberal grants made by the United Nations International Emergency Fund (UNICEF) for providing advanced training for child-health and maternity-welfare workers. We all know that there is a very great and imperative need for such higher training to provide the staff for organising and directing maternity and child-welfare schemes throughout the country. In the Madras State which is considered to be far ahead of the other States in India, such services are being conducted by three different types of workers *viz.*, the midwives (now called maternity assistants) the health visitors, and the medical officer for maternity and child welfare, who is a qualified medical graduate and a diplomate in maternity and child health. She is at the head of this service in all municipalities in the districts.

The training for maternity assistants (midwives) usually lasts 18 months and the qualification for admission to this course is the higher elementary or rarely secondary school education. The Health visitors are recruited for training from persons with a higher qualification *i.e.*, a pass in the S.S.L.C. examination. The Madras Public Health Department introduced a few years ago a comprehensive course in the School for Health Visitors, extending over 2½ years but in 1950 the scheme had to be given up owing to want of adequate facilities in the matter of clinical instruction and attendance in the hospital wards for the pupil-

health-visitors and there was no hospital attached to the school. We believe that the new child-care training centre opened recently at Calcutta will provide the training, which was earlier attempted at Madras and had to be abandoned for want of the requisite facilities and support.

If such courses as have now been established by the Union Health Ministry at Calcutta should attract a sufficient number of candidates of the proper type, it would be necessary to increase the pay and prospects, as also the conditions of service for the maternity and child-health workers. The total number of trained and qualified maternity assistants in the Madras State is indeed very small as evidenced by the fact that only about 18 out of every 100 confinements that take place in the State as a whole, are able to get skilled attention from maternity assistants. If it is conceded that we need at least one trained assistant for every 100 confinements, the Madras State alone would require about 32,000 midwives, but we have now only about 3,200 of them in the State. From the statistics given in the latest available official report for 1950 we find that 10,500 mothers died in child birth; this gives a mortality rate of 6·2 for every 1000 births; 2,17,640 children died before they completed their first year of life, the rate of mortality being 130 for every 1000 infants born. If all *enceinte* mothers receive adequate prenatal care, natal and post-natal attention, from skilled personnel, the mortality rates are bound to go down considerably and more mothers and still more infants would be saved from premature death. The incidence of illness resulting from inattention, callousness and neglect of pregnant mothers and new-born infants, will be greatly reduced. This would mean increased working capacity, greater incomes, less expenditure and contentment and prosperity in the community.

We read in the report of the Director of Public Health for 1950, that though sanction was accorded by the Madras State Government to the opening of 63 child welfare centres "all local authorities concerned were not in a position to open the centres." For, the scales of pay and emoluments offered by the local bodies —Rs. 40 to 45 per month for maternity assistants and 60 to 65 Rs. for Health Visitors— are on their very face miserably low. Having often to be away from home most of the time on maternity or natal work, they would require a reliable servant to prepare food and take it to them wherever they happen to be working; and a servant in these days cannot be had for anything under Rs. 25 even in small villages. It will cost that much, if not more, whether wages are paid in cash or as cash *plus* food. How can these ladies manage to live thus in comfort on their poor pay, and attend efficiently to their humane work? The recruits to the profession of maternity assistants are therefore, comparatively few.

Again, the duties of midwives are onerous; they have to visit the homes of pregnant mothers in distant parts of their area day and night. The duties of the

health visitors are also of a very responsible nature and if properly discharged would result in the definite advancement of the community's interests. They should receive better pay and conditions of service. Their general level of education at present is low and therefore many do not benefit by the training. Unless they have at least a secondary school certificate, it would not be possible for many of them, particularly in the midwife-category, to appreciate and realise the value of methods like antisepsis, asepsis, bacteriological sterilization etc.

Local bodies plead poverty and lack of funds for increasing the pay and prospects of these essential services; but higher education has a greater claim on their resources than this primary and vital service, of attending to the pregnant mothers and to the newborn babies. This is not the correct attitude to adopt by responsible guardians and trustees of the people's money collected by way of taxes of several kinds.

The proper care of children in all countries connotes the existence of and the ready availability of service from, suitably trained nurses, midwives and health workers, who work ceaselessly and contentedly for the welfare of the mothers while pregnant and of the children from the time they come into the world.

"The pædiatric nurse and the public health nurse" said Shri. Dr. LAKSHMANASWAMI MUDALIAR, one of India's top-ranking public men, "should have a more specialised form of training which would include domiciliary visits and training in the preventive and curative aspects of diseases." Coming from one who has been connected and concerned for several long years with maternity and child welfare and with the training of medical men and women, nurses and midwives, these words of advice and mature wisdom are entitled to receive due consideration from all concerned. The problem of child welfare and child health would then find a ready solution without having to make desperate last-minute attempts when emergencies threaten the lives and health of the young ones and their mothers.

COMMUNITY PROJECTS

SPEAKING at a specially convened three-day conference of District Medical Officers and Superintendents of State Hospitals in Madras, Shri C. Rajagopalachariar, Chief Minister of the Madras State said "The community projects, which are now before the country are meant to co-ordinate public service in all its branches, instead of the various services splitting away and remaining un-coordinated." RAJAJI exhorted the officers assembled to co-operate with these projects and help to make them efficient and successful. Dr. K. C. CHAUDHURY, Head of the Pædiatrics Department of the Calcutta Medical College addressing the pædiatricians of India who had assembled in conference at Madras on the 26th August last, said

"India was faced with the problem of dealing with 150 million children with a high sickness-rate and no other country had a problem of such magnitude. Children were almost always born healthy. The object of child-health organisations should be to create and maintain necessary favourable surroundings—physical, psychological, nutritional and otherwise—to enable children to remain healthy. This could be achieved only when the community - health - centre functioned as a means for promotion of health and prevention of diseases; and took on curative work only when it became unavoidable. Instead of running hospitals as curative centres, they should be made to disseminate knowledge among the people of the correct method of living so that diseases could be prevented.

Hospitals, based on mortality rates only instead of incidence-rates would perpetuate the evils they were designed to overcome. The attempts of community health centres—which should be one of the activities of the community projects—should always be directed towards reduction of illness in the population. There should be integration of the services available in teaching hospitals to outlying centres in the country. There was at present no co-ordinated plan of work among the hospitals. Beginning from the community health-centre in the rural or urban areas to Class I hospitals in the metropolitan cities, there must be the closest co-ordination not only in the pattern of services offered but also in the cadre of service-personnel. The Central Institute of Child Health, should be situated in a metropolitan city with adequate hospital, teaching and research facilities. These should have 500 to 1,000 beds with highly specialised services in all branches of medicine. There should be a medical college equipped for under-graduate and post-graduate studies. These centres should direct, integrate and co-ordinate the work of the whole State and be responsible for orderly and logical arrangements for promoting health and preventing curable diseases. Class II hospitals with 200 to 500 beds should be in the districts and provided also with preventive and curative services. Class III hospitals of 100 to 200 beds should be in sub-divisional head-quarters. There should be health centres for every 25,000 children in the rural and urban areas. All these institutions must work as community health centres. "To hospitalise even one per cent of the 150 million children in this country will require 10,000 children's hospitals. Our attention, therefore, should be vigorously directed to the promotion of health and minimise the necessity of hospitalisation".

There is thus considerable awareness in the educated public opinion of our country, on the necessity for starting even during infancy and childhood, all efforts at amelioration of the community. On the foundations thus well and truly laid, should all of us strive to erect a noble edifice, perfect in all its parts and worthy of the builders who raised it.

The soul would have no rainbow, had the eye no tears.—(*J. V. Cheney*).

The Penalties of Neglect and Ignorance

3 0 MAY 1955

Rao Saheb T. N. S. RAGHAVACHARI,
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WHEN we read books on history, many of the great men of the past, kings and emperors, politicians and patriots, generals and admirals appear to us, somewhat different from the ordinary human beings; for history often pictures them that way. But they too were all like any of us in one respect *viz.*, they had sickness and infirmities even as we have today—and they all died! Disease influenced their activities, prejudiced their minds and altered their judgements just as it deals with us today. As the kings and other V. I. Ps—held the destinies of their subjects and dependents in their hands, the state of their health was often reflected in the success or failure of their administrations and in the happiness or misery of their subjects and dependents. We do not find in history-books, *how exactly* every one of these personages died, except when they came by their ends in unusual or spectacular ways. They therefore, died *natural deaths!* History tells us that Julius Cæsar was assassinated; the wicked Kauravas were slain in battle by the virtuous Pandavas; Abraham Lincoln was shot dead; Louis XVI and Mary Antoinette of France mounted the guillotine; Charles I of England was beheaded; Trotsky was murdered; and Mahatmaji was assassinated. But we are not told however, of how most other kings, emperors and other high personages of rank and opulence came by their ends. They died !; and there was nothing spectacular about how they did so.

This attitude towards the lives and deaths of great men is characteristic of our own attitudes today on the lives and deaths of those around us. The front pages of our newspapers often contain glaring headlines about deaths caused by unusual accidents or under spectacular circumstances, thus, for example, stabbing, shooting, poisoning, train collisions, aeroplane wrecks, etc. Those involved in these accidents may not be important or well-known people. As long as mystery surrounds the accidents, human inquisitiveness curiosity and powers of analysis are readily brought into play. The interest lies not so much in the victims as in the accidents. After we have finished reading these affairs with all the gruesome titillation they offer to the average newspaper readers, we turn to other pages—even to those that contain obituary notices. For every death by accident or under spectacular circumstances featured on the front page, there may be twenty or more deaths from *natural causes* published in the obscure columns of the same paper.

"*Natural causes*" is a most unfortunate expression. Is sickness natural ? Certainly and emphatically *not.* All deaths from sickness are unnatural. By "*natural*" we really seem to imply "*usual*" or "*commonly occurring*"—in fact occurring so commonly as not to

attract particular attention. It is an unfortunate and peculiar trait in human nature that any and everything that is '*common*' is considered to be '*normal*'. If a thing is common, it is accepted as '*inevitable*' and therefore *natural*! In most cases people die before their bodies are worn out and they fail therefore, to live long and well enough. It is not the final and fatal illness that is exclusively responsible for their deaths; but usually the so called terminal ailment is only the culminating symptom of a mass of minor neglected physical disabilities and illnesses over a longer period. All these symptoms, even the terminal illness are considered *natural*, though in fact almost all of them are preventable.

Most of us are fundamentally negligent and indifferent to our own health and to the health of our children. We think of good health only when we do not have it, that is, when we get ill. Our interest in health is roused and we are forced to shake our lethargy and indifference only when disease has actually appeared among us. To illustrate this point from a similar situation in the legal field, we do not care for the existence of laws and choose to remain ignorant of them and often break them, until we find ourselves exposed to the clutches of the law. Ignorance of the law is never accepted by courts as an excuse and breakers of law are inexorably sent to prison. *Neither can ignorance of the laws of health be made an excuse for sickness.* Whether in law or in medicine, the penalties of ignorance and neglect are equally drastic and are sure to be inflicted.

The great progress that has been and is being made during recent years in eliminating sickness and in prolonging human life has been brought about by general measures of prevention and sanitation, rather than by the active co-operation of the individual man and woman. Water-purification, efficient disposal of sewage, food-control, and quarantine measures have played a great part in this progress. The attitude of the individual man and woman towards health laws is one of indifference generally but in many cases also of criminal neglect. We sometimes hear people, particularly of the older generation refer to attacks of illness in the family as (*Bhagavath Sankalpam)* being due to divine will—as though God Almighty takes a mischievous pleasure in visiting people with minor and major maladies!

He means well by all of us and is ever mindful of our welfare; so long as we do not transgress the laws of nature and of God, we are hale and healthy. Ill-health, as we all know, is the direct result of violations of natural health laws; and these violations are due to ignorance, and wilful neglect in most cases and often also to over indulgence in the pursuit of unhealthy or immoral pleasures of life both gustatory and sexual. Systematic attention to the cardinal principles governing a well-regulated healthy life, will always be productive of health, wealth, happiness and prosperity. JAI HIND.

Let us not pray for light burden, but for a strong back.—*Theodore Roosevelt.*

A SIMPLE COLOUR TEST FOR

Determining the Sex of the Unborn Baby

RAPP and RICHARDSON have evolved a simple colour test, by which the sex of an unborn baby may be determined with reasonable accuracy after the sixth month of pregnancy. Dr. Richardson had been conducting experiments with various body-fluids, blood, tears, sweat, s a l i v a, and he obtained interesting results. Even in far-advanced cases during the sixth or seventh month of pregnancy only some of the women gave a positive colour test for saliva, while the urine test was positive in each case. The explanation of this phenomenon came only after the babies were born. Nearly all mothers of boys showed a positive saliva test and most mothers of girls a negative one. Of 221 women bearing male children, 218 showed a positive saliva test and of 155 women bearing female children, 148 a negative one.

The colour-producing substance responsible for the positive saliva test, though not precisely identified is believed to be some androgenic hormone. Exercising a very delicate sensitivity and selectivity, the mother's salivary glands apparently excrete this male-associated hormone into the saliva, while screening out certain female-associated hormones which are secreted together with the mother's oestrone in her urine.

Male saliva, the male's spermatic fluid, and the male blood serum are all found to give strong positive reactions to this colour test.

Richardson had already evolved a new biochemical test for pregnancy which was published in the *American Journal of Obstetrics and Gynaecology* (June 1951). The apparatus and reagents needed for this test are available, having been put out in convenient kit form by an American chemical products manufacting company. Like this Richardson's Pregnancy Test, the newer sex-test can be performed by the physician, nurse or technician within 20 to 30 minutes by a simple procedure, using saliva instead of urine. The apparatus and reagents for this test are identical with those for the other test. Though the pregnancy-test will yield results of value even before the first missed period, and has been found to be accurate in 778 out of 792 cases tested during the first and second months of pregnancy, no result of the "*sex test*" can be expected until after the *sixth month* of pregnancy when sex-differentiation is advanced enough to provide the hormone necessary for the significant reaction, then it may be taken at any time *up to* two weeks before expected labour. It should not be done in the last 2 weeks because of the changed chemical balance preparatory to labour. Certain precautions have also to be observed before proceeding to obtain the specimen of saliva for the test. The practical significance of this test is obvious. The authors have made this preliminary report to allow early verification by others.—(From *What's New*, July–Aug. 1952).

THE VALUE OF REST IN THE Treatment of Tuberculosis of Lungs

Dr. JOHN G. DAVID, Medical Superintendent,
The David Memorial Tuberculosis Hospital,
Mehmadabad, Kaira Dist., Gujarat.

REST is a vital factor in the treatment of tuberculosis of the lungs. It has ever been and will always be so. In a leading tuberculosis clinic in India, I read on the patient's card, the following advice :—"The first and most important thing in the treatment of tuberculosis is *rest*, the second is *more rest* and the third is *much more rest*." Many patients who benefited by this slogan are not tired of repeating "*Rest is best for the chest*".

Dr. Marjorie Pyle suffered from this disease herself and acquired considerable experience and knowledge while working among the tuberculosis patients; in her excellent treatise 'Help Yourself Get Well', she has a whole chap ter on, "Rest, it is wonderful".

The late Solomon Solis-Cohen wrote in his "Diseases of the Heart" :—"Rest consists of several divisions. The first is rest. The second is rest. The third is rest. And the fourth, fifth, sixth, seventh *ad infinitum* is all—*rest*. This cannot be emphasised too strongly. And by rest, I mean REST. Nothing half-willed or half-hearted ; no half way timid compromising ; no cowardly abbreviation ; but REST. Enough rest ; rest long enough ; rest rigid enough ; rest physical and mental." This applies with even greater force to tuberculosis ; for the lungs are the windows which supply fresh air to the blood and if these are closed, how can the heart function at all ? Unfortunately, adequate attention is not paid even in many institutions to this all-important factor.

Why is '*Rest*' considered by all doctors to be so pre-eminently and vitally important ? As already stated, the lungs are the vital organs—and respiration is a vital function. The average normal rate of breathing is 18 per minute and the lungs should contract and expand nearly 26,000 times, within a period of 24 hours without intermission. In the presence of disease which always increases metabolic activity, this rate will necessarily show a marked increase. Many patients therefore, have hard and rapid breathing. In each breathing movement we take in air and then give it out. The first act is caused by voluntarily depressing the diaphragm (the muscular partition between the chest and the abdomen) which expands the chest wall and thereby allows air to get in through the nostrils. The giving out of air is caused by a contraction of the

chest wall but mainly by a recoiling of the lung tissue. This is an involuntary act. Respiration is affected by an increase in the carbonic acid (CO_2) content and a consequent increase in the (pH or hydrogen-ion-concentration) acidity, which acts on the respiratory centre in the brain. This change may occur also as a result of mental and psychological reactions affecting the secretory mechanism of the body.

Physical and mental rest are therefore, very important in reducing excessive body metabolism; the tissue-requirements of oxygen are lessened. The decreases in the rate, depth and volume, exercise an arresting influence on the inflammatory processes and lesions, in the lungs. The healing process is thereby helped to take place slowly but steadily.

Looking at it also from another aspect, the necessity for ample rest will be obvious if we study the manner in which our body reacts and offers resistance to invading disease-germs. Tuberculosis induces destructive changes in the body-tissues. All of us acquire considerable immunity and natural powers of healing, due to prolonged, constant but insidious contact with tuberculous disease-germs which are present in the atmosphere of our homes and places of work. Invasion by these germs, resistance to them and recovery from their insidious attacks are all operating simultaneously in their incessant race for supremacy; but given the right conditions, recovery ultimately wins the race. But this winner cannot always cover the entire track and hope to retain the cup permanently, unless he is relieved of his duties towards the other members of the body; and this can be achieved by means of *Rest—adequate rest.*

Adequate rest can be had by :—

(1) Limiting the diaphragmatic activity; (2) curtailing the costal breathing; and (3) avoiding or preventing excessive body-metabolism.

These must be ensured by:—(*a*) voluntary enforced rest to body and mind which allows the required rest to the lung-tissue; (*b*) associated or super-imposed conditions such as inflammation of the pleura (the membranous covering of the lungs) with the formation of adhesions; and (*c*) artificial means :-(*i*) the application of suitable splints, plaster casts, and other appliances to the chest wall; and (*ii*) surgical procedures such as artificial pneumothorax (A.P.), phrenic nerve-crushing operations, apicolysis and thoracoplasty operations. Non-surgical rest can only be relative and not absolute, and is therefore termed 'general rest'. By general rest is not meant just the taking of a few days-off from work and staying at home. The patient who is ill with active tuberculosis, should lie down in bed for all the 24 hours of the day, with complete and total relaxation of both body and mind. He should not sit up for taking his food nor even for answering calls of nature; all bodily movements should be restricted to the barest minimum, and if necessary he should be fed by some one in order to ensure that the rest is really '*absolute*'.

Many patients find it very difficult in the early stages of their treatment to co-operate with the

doctor in this matter of '*rest*'. It is indeed irksome to them to learn to relax themselves thoroughly all atonce. Some consider that they are not too sick to be confined to bed all the time; a few even think that continued bed-rest will tell on their nerves and so they wish to be up and moving for a little while at least every day. Even though one finds it irksome and painful to rest in bed all the time he should learn to rest like that as he will ultimately stand to gain thereby.

Patience and meek submission to advice on the part of the patient will help him to realize the value of rest, which will be reflected in the rapid progress he would be making even in a comparatively short time. In addition to this relative rest the observance of the following additional measures will further accelerate the process of arrest of the disease.

Silence.—As talking increases respiratory effort, the patient must practise silence and talk only in whispers when absolutely necessary so as to minimise strain to the system. The renowned physiologist, Schaffer, stresses 'the silent bed-cure' as the best for cases in which arrest is delayed and progress is not satisfactory; and as I found it to be really very effective and beneficial, I have adopted this *regime* for all the patients in my hospital.

Controlled diaphragmatic breathing.—Every patient must learn with the advice and help of his doctor, and practise quiet slow and shallow breathing. This will reduce the number of breathings and the effort involved; and so will be an additional factor in speeding up the process of recovery. During the last twelve years I have always insisted on my patients taking complete and absolute rest; though they sometimes found it very trying and even troublesome for a few days in the beginning, they never regretted it later.

Rest and graded exercise.—Just as enforced complete rest is vital at the beginning of the treatment, so also is graded exercise, as soon as adequate improvement has occurred. It must however, be remembered that rest and exereise in tuberculosis really form part of the '*treatment-regime*' and should be prescribed, watched and controlled by the physician personally.

What is general exercise ?—As soon as a patient starts showing sufficient improvement and has no rise in temperature for atleast two months, he is allowed to sit up for taking his food and if he does not show any untoward reaction, he is later allowed to attend to his toilet by walking up to the lavatory when it is not too far away from his bed. (About 50 yards will be permissible at this stage). If these minor efforts do not induce reactions, such as rise in temperature, distress in breathing, or a feeling of tiredness etc., he may be allowed to be out of bed and rest on a chair placed on the verandah for some time in the morning and again in the evening. This will later be followed by gentle slow walking exercises morning and evening, commencing from a short walk once a day in the garden of the house or institution, and increased gradually from two to four furlongs and then up to one mile, twice a day, if the

condition of the patient and the climatic conditions permit.

A patient "on exercise" must observe the following rules strictly—He should: (1) always walk slowly and rest promptly for a while on the first indication of tiredness; (2) avoid conversation or discussion while walking; (3) record his temperature regularly: (*a*) just before starting; (*b*) immediately after returning from the walk; and (*c*) again after he has taken bed-rest for fifteen to twenty minutes.

The temperature will rise by 0·2° to 0·5°F. after exertion even in normal individuals but will resume normal level after resting for about 20 minutes. If the temperature shows and maintains even a small rise of 0·5° to 1°F even after resting, it is a warning that the patient should discontinue exercise for some time, till the doctor is satisfied that he may be permitted to resume it.

4. Till then he should revert to absolute rest in bed; and when he is permitted to restart his exercise, he should start *de novo* from the easy early steps already indicated *supra*.

By careful attention to these instructions the patient will be able to record steady progress, and restoration to normal health.

JAI HIND.

Posture in the Growing Child

IN several countries of England as well as in several States of America, medical officers of Health have been reporting to education committees that a large number of children suffer from postural defects, such as stiff or splay feet (feet sloping and turned outwards) and various weaknesses in the spine which if not promptly attended to in the early stages, can and will probably develop into serious deformities requiring prolonged medical treatment in later years. Inadequate food, improper nourishment, ill fitting clothes or shoes, or lack of exercise are all predisposing causes to postural defects. Dr. Leslie Cronk, the Health Officer of the Hampshire County Council deplores the absence of an adequate number of teachers in primary and secondary schools qualified to give remedial exercises to children who are recommended by the school medical officers as being in need of special treatment. In order to meet this need for early preventive measures to be taken in the kindergarten and primary schools, a new scheme has been evolved in consultation with the county medical officer and the county orthopædic surgeons. This scheme aims at mobilising and strengthening all parts of the body with particular attention to the feet and spine.

The key to its already apparent success lies in the fact that the exercises are designed as a preventive and curative measure and are applicable to *all children* of primary school age irrespective of whether or not they have been recommended by the Medical Inspector as being in need of special

remedial exercises. The teachers in the Hampshire schools have accepted the scheme as they found that that the *posture exercises* could be easily fitted into the normal physical education lessons of their schools. Dr. Cronk reports that it has been most encouraging to observe the effect which these posture lessons are already having on physical education as a whole, for through the analytic study of movement there has developed in these primary school teachers themselves a more thorough knowledge of anatomy and a fuller understanding of the function of the human muscular system.

Courses of training in posture work are held periodically at various centres in Hampshire, at which talks and demonstrations are given by experts. During 1950, over 700 men and women teachers attended these posture courses and the remainder of the county area was covered by similar courses in 1951.—(*Med. Officer*, 15–3–1952).

[*Note* :—The above is a simple and effective measure for correcting postural defects in children, and for improving their general health and physique. Incidentally, the school teachers will be made to realise how such simple remedial measures could be incorporated into their routine school programmes : Our schools of physical education in India should organize courses of training in posture work in different centres of our States.—Ed. *Health*].

Evil Effects of Smoking

Dr. J. H. Burn of Oxford writing in the *British Medical Journal* comes to the conclusion that smoking of even one or two cigarettes may cause constriction of the coronary arteries which supply the heart with blood—thus interfering with nourishment to the heart muscles. It has been demonstrated by various independent investigators that smoking of tobacco releases a hormone from the pituitary gland which is attached to the floor of the brain. It is this secretion which acts on the blood vessels. Smoking one or two cigarettes will liberate from three to one hundred and ninety milli units of this pituitary hormone; and the effect of 2 cigarettes will last for 3 hours. In the ordinary smoker, the arterial tension will be present almost all the time they are awake. The capacity of the human system to eliminate and destroy the poison (nicotine) gradually diminishes as age advances. Dr. Burn is of the considered opinion that people over 40, who have irregularities and involvements in the normal functioning of the heart should immediately avoid the use of tobacco in any form—statistics from all over the world go to show that coronary diseases are on the increase everywhere and sad to say the use of tobacco-products has also increased tremendously.—(*Br. Med. Jour.*, 28-7-1951).

"Truth is as impossible to be soiled by any outward touch as the sunbeam."—*Milton.*

The Magic Chlorophyll

GREEN is the predominant colour in nature. The leaves of flowers, shrubs, trees and grass, with comparatively few exceptions, are green. Human beings and animals owe their existence to the green leaf. Without it the earth would soon become a barren place and living creatures would starve to death. Corn, wheat, barley, oats and leafy as well as root vegetables depend upon the green leaf for growth and development.

The function of the green leaf in storing up energy is well illustrated in flowers as well as vegetables.

The green leaf is an excellent source of vitamins and minerals, especially iron. The rich red blood of cattle is produced by grass. Herbivorous animals do not suffer from anæmia, which is not true of the tiger, lion and other carnivorous creatures.

It is thus apparent that the green leaf must supply protein of high quality and an adequate amount of essential minerals and vitamins in addition to chlorophyll. The strongest animals in the world derive all their sustenance from plants. Also, they are practically immune to cancer, whereas this disease is quite prevalent among dogs and other meat eaters.

Twenty-five years ago, Dr. John Harvey Kellogg conducted extensive researches with chlorophyll. He found that it was effective in promoting the healing of wounds which had resisted all other methods of treatment. Skin ulcers were also successfully treated with chlorophyll.

The reports which various persons have made regarding the therapeutic effects of chlorophyll are so astonishing as to be almost beyond belief. If these reports are true it indicates that chlorophyll is the most versatile remedy ever produced. Among other things, it is said to afford relief to persons afflicted with offensive body odours. We are informed that by taking a few chlorophyll pellets a day such persons "will be nice to be near." The surprising thing is that hundreds of persons report that it works.

Many persons have reported that dissolving a half dozen chlorophyll pellets in the mouth makes canker sores and some other mouth lesions disappear as if by magic. These results were obtained in cases which resisted applications of silver nitrate and other drugs. Recession of the gums and pyorrhea, which are danger signals, the forerunner of the loss of teeth, are reported to be arrested by chlorophyll.

Chlorophyll is not a panacea for all diseases; it is nevertheless interesting to note that many persons afflicted with a great variety of disorders have been greatly benefited by its use.

Chlorophyll pellets are inexpensive and pleasant to take, and so far as can be learned have never produced any unfavourable effects. Lettuce, cabbage and parsley all contain chlorophyll in

liberal quantities. All authorities on diet are agreed that leafy vegetables provide iron, calcium, vitamins and other food elements required for the system. They also supply chlorophyll, a lack of which may play a far more important role in the production of disease than is now known.—(*Good Health*, June 1952).

The Folly of Too Much Dogmatism in Human Diet

THE recent report by Johnson and Rynearson from the Mayo Clinic of a diabetic patient who subsisted on an extremely high-fat, low-carbohydrate and low-protein diet for 28 years without developing the degenerative features of diabetes, is one which, added to many others, increases the realization of our essential ignorance of the basic causes of arteriosclerosis. Furthermore, our ignorance on this subject is not more profound than our lack of ultimate knowledge, with respect to the relationship between health and diet in general.

Dr. Cornell, (Editor of the *American Journal of Digestive Diseases*) was consulted by a beautiful woman who looked 35, but was actually 60 and in excellent health, although she professed, with some sense of guilt that for forty years she had subsisted almost *exclusively* on bread and butter and tea merely because she liked this diet and it agreed with her. Dr. Cornell after examining her, saw no reason to change her eating habits or to add vitamin supplements.

Of course we cannot explain *why* this patient at the Mayo Clinic remained an extremely healthy diabetic in spite of a very high fat diet or why the woman mentioned failed to develop vitamin-deficiency-diseases or anæmia. The explanation would require further intensive study of both cases. However, the time element, may be of importance. The body unable to do certain things in a short time, may indeed be capable of doing them over a long period of time. Thus have we any information as to whether a diet which, in short periods would result in vitamin-deficiency-disease or liver disease might not if gradually adopted and adhered to over long terms, fail to produce such changes ? There is always the possibility that certain nutrients considered essential might, contrary to current opinion, either be manufactured by an organism under prolonged stress through their absence, or efficiently substituted for by some deviation of metabolism which at the moment escapes our attention.

The *practical lesson* from such considerations is to the effect that no matter how wrong a patient's diet may seem from an academic or clinical point of view, it *must* be a good diet if, over a period of years, it has maintained health and failed to give rise to what we call nutritional diseases.—(Editorial, *Am. J. Digest. Dis.*, Feb. '52).

"Aristotle spurns me, as colts kick out the mother who bore them".—*Plato*

Control of Constipation in Children

MARGARET BRADY, M.Sc.

There is no doubt that many children suffer from constipation, with its damaging effects on health and good temper, and there is also no doubt that most of this suffering is totally unnecessary. Again, many mothers accept constipation, in both themselves and their children, as a normal state of affairs, to be treated by a weekly, bi-weekly, or even daily dose of some favourite laxative medicine.

Such mothers feel perfectly satisfied if they can secure an evacuation of the bowels, irrespective of how that evacuation has been brough about. Yet there is all the difference in the world between a digestive system working rhythmically and naturally to remove waste products, and one where this essential function is secured by artificial stimulation, either with medicines or with the enema.

When the processes of eating are proceeding normally, but the processes of evacuation or removal are not being performed with similar efficiency, then something has "gone wrong with the works," and to hide this failure by using medicines or enemas is contrary to nature.

A child's health will be much better if we manage things so that the digestive tract *always* works steadily and rhythmically, passing the food that has been eaten along its length regularly all the time, both day and night, without the spasmodic removal of wastes through the agency of medicines or enemas. If either of these expedients is thought by the mother to be necessary, it is a clear indication that the child's system is functioning imperfectly, and it must be admitted that, in the period between the doses or enemas, the bodily processes must be functioning at a sub-standard level, even though the regular "dose" does mask the fact and hide some of the immediate bad effects of this sub-standard functioning.

The alimentary canal is a very complicated affair, since its walls are semi-permeable, allowing some fluids to be absorbed from it, and sending other fluids into it from the surrounding organs. Digestion consists of the interaction of these fluids with the food we pass into the tube, and their absorption back into the body. Since the capacity of the tube is limited by its size, it is obviously desirable that absorption and evacuation should keep pace with the intake of fresh food. Any slowing down of the correct rhythm, or failure to remove the waste residues, is bad for the body. To keep the rhythm of digestion going smoothly and avoid any degree of constipation the child needs seven things:

(1) The right kinds of food and drink at regular intervals; (2) a proportion of hard foods that need thorough chewing; (3) a sensible emotional environment; (4) plenty of fresh air; (5) adequate sleep; (6) plenty of exercise and games; and (7) a regular habit of evacuation twice daily (usually, one evacuation first thing in the morning,

or immediately after breakfast, and a second either before or after tea, or just before going to bed). These seven requisites all interact with each other, and help each other to maintain the whole system in good tone. Exercise helps to secure regular evacuation, and regular evacuation helps to keep the child's body in a condition in which he can enjoy exercise and fresh air, so that the vital tube through his body never has a chance to become even partially blocked with enervating food residues.

If a mother becomes over-anxious or fussy about bowel evacuation, the emotional atmosphere may become tense, and it is possible to produce a condition in which constipation of a psychological origin occurs. Even if the emotional atmosphere is satisfactory, and the child has plenty of fresh air and exercise, unless he has the right foods these factors will not be enough by themselves to keep the bowels working naturally. But when the right food is also provided, constipation is easily banished, and with it many other troubles both of health and of management.

When a child is suffering from chronic constipation, that is a condition necessitating, in the mother's opinion, regular weekly laxatives, an immediate change of diet or management, or, more probably both are indicated. The daily regime should be overhauled to ensure regular meals, regular times for evacuating the bowels, a daily walk, possibly a daily rest, as much free play out of doors with congenial friends as possible, a sensible bed-time, and no "fussing". If the condition is severe, it may be desirable for the child to have one or two days on fresh fruits and vegetables only to start with, in addition to plenty of drinks of vegetable broth and fruit juices.—(*Health for All*, Aug. '52).

"A Fool and His Money are Soon Parted"

AN example of untruthful patent medicine advertising is furnished by the action of the Federal Trade Commission in the case of a preparation called Dolcin. An order was issued restraining the manufacturers from announcing that their product is a cure or effective in the treatment of arthritic or rheumatic conditions. Its main ingredient is aspirin, which can only give temporary relief from pain. Dolcin was proclaimed to be inexpensive. The cost is two dollars (nearly Rs. 10) per hundred tablets. Aspirin sells for fifty-nine cents or less (Rs. 2-14) for the same quantity. Besides, aspirin in certain circumstances and over long periods of use, may produce harmful effects.

In spite of frequent warnings by the federal authorities, people by the million continue to buy patent medicines in the belief that they will do all that the advertisers promise. One certainly has a low opinion of the average intelligence of the Americans when he reflects on the claims made for various brands of ordinary soap. Millions of dollars are spent annually in telling women that the application of some particular

brand for two or three weeks will have a marked effect on their complexions. The manufacturers are shrewd. They would not continue to make these ridiculous statements if they did not have good evidence that it is good business to do so.—(*Good Health,* U.S.A., June 1952).

[*Note* :—This evil is much more widely prevalent in India and should be sternly discountenanced by the people and by the State.—Ed. *Health*].

Sickness of Mental Origin

MEDICAL literature continues to present fresh examples of physical illness caused by mental states. One of these is shortness of breath. This complaint may be due to asthma, various respiratory disorders or heart troubles. But occasionally it is purely psychic in origin. Dr. Rome deals with such cases in the *Proceedings of the Staff Meetings of the Mayo Clinic.* Among the most obvious of such cases are of patients in whom acute anxiety states bring on sudden obstruction of the respiratory tract. The panic of the drowning man is also an example of this. A man was in a rail-road accident but escaped unhurt. The shock was so great, however, that for several years afterwards he suffered from shortness of breath, quick shallow breathing, constant chest pain and fatigue. He also had terrifying dreams, insomnia and lack of appetite.

Dr. Whitehorn, of Johns Hopkins, (*Journal of the American Medical Association*) declares that medical practice has been changed by major triumphs over infectious disease. The span of life has been lengthened. Chronic sickness and marginal conditions of persistent ill-health demand a larger share of medical attention and require from the physician greater skill and an understanding in dealing with human nature. "In the necessary task of aiding individual patients to adapt to stress, to modify their ways of living, and especially to resolve more effectively the internal emotional conflicts that spoil life for so many unfortunate persons, the modern physician needs something that the traditional medical education and training have not provided."–(*Good Health,* U.S.A., June '52).

Tobacco Chewing

The habit of chewing tobacco, while not so common as it was in the previous century, is still in evidence. A physician in Illinois wrote to the *Journal of the American Medical Association* (Vol 143, p. 514) to ask if it is as injurious as smoking. The editor replied that the absorption of nicotine is much the same in both cases. The chief effects are on the circulatory system, the central nervous system and the autonomic nervous system. However, the local manifestations on the mouth and particularly on the teeth, are much greater than from smoking.–(*Good Health,* U.S.A., June '52).

Clean Good Milk from Aarey Milk Colony

FOR BOMBAY CITY AND SUBURBS

THE Aarey milk colony was started under State auspices in 1949, as a co-operative venture. It is a 30 million-rupees project and designed at present to supply 40 per cent of the total population of Bombay (city and suburbs, with clean, pasteurized, good milk. This project is an example of national and international co-operation. Cattle from 4 Indian States, cattle feeds from six, workers and technicians from all over India, up-to-date machinery from U. K. and U. S. A., Sweden and Switzerland all these go to make up the bottle of milk which is daily delivered in the streets of Bombay. The genius of the great French scientist Louis Pasteur has enabled the milk to be (pasteurized) made free of disease-producing germs; [so the milk can be used as it is delivered without boiling, in order to have its full nutrient effect]. Clean milk which was scarce and uncertain, has now been made possible in Bombay city. Mr. D. N. Desai, a former Minister of State (in 1949) was the author of this grand scheme of cattle colonization in Aarey, a village 20 miles away from the city. This village was a barren, neglected one before this scheme. It is now the biggest and most modern dairy farm in India and perhaps the biggest and best in the world.

As many as 13,000 cattle are housed in the 26 modern dairy farm units comprised in this scheme. Four more units will be added this year to take in the 2000 cattle which are still in the city requiring to be thus housed in pasture land. The cost of each unit is 6 lakhs of rupees and a rental charge is collected from the owners who keep the cattle in these farm-units. The owners and attendants have now come to take a real pride in their cattle and profession. A large modern milk-pasteurizing and bottling plant—the biggest in the East—is the pride of the colony. The dairy has a capacity for pasteurizing and bottling 500 maunds of milk per hour; this capacity is large enough to handle the entire milk supply to Bombay for many years to come. At present the plant handles 3000 maunds (25,000 gallons) of milk per day.

Samples are taken and analysed from each consignment before the milk passes through the plant. A fully equipped bacteriological laboratory is located at the dairy itself. Payment is made to the owners according to the quality delivered. Flash pasteurization is the method used *i.e.*, milk is heated to 170°F. and then cooled quickly to 40°F. This is done in 15 seconds. More than 3,50,000 bottles are filled every day in eight bottle filling machines. There is no handling at all, as the bottles and crates move in conveyors to the bottling machines and thence to the cold storage. Sealing of bottles is done automatically with aluminium caps.

Whole milk is priced at fourteen annas per seer; A second quality milk called "toned milk" is prepared by using 100 parts milk 100 parts water and 10 parts imported skimmed milk powder, and sold (to those who cannot afford whole milk) at eight annas per seer. The sales of this grade of milk have now gone up to 600 maunds (about 5000 bottles) a day. A veterinary service looks after the careful breeding and rearing of healthy calves which are purchased from the owners, reared to maturity and sold back to the owners at reasonable prices.

The cattle colonisation scheme affords ample facilities to the training of students and research workers, for learning the important aspects of animal husbandry and dairying. The scheme is considered to be a model for other cities in India and in the East, where cattle-raising amidst human beings is practised (*as in Madras city*) and where a supply of clean healthful milk is so vital but so scarce at present.—(K. N. M. Pillai in *Swatantra,* 7, 33, 20-9-'52].

[*Note*:—A cooperative milk supply has been working from Ayanavaram, near Madras, but it has not yet developed to the extent required to meet the City's full demands—nor is the arrangement for production on as elaborate a scale as in the Bombay scheme —ED. *Health*].

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(1) *Mother*:—"Johnny, if you eat more cake you will burst."

Johnny:—" Well, mother, pass the cake on to me and get out of "the way".

* * * * *

(2) " Where can I get a license ?"

" A hunting license ?" asked the clerk.

" No, the hunting is over, I want a license to marry the girl I've caught ".

* * * * *

(3) Work is something that when we have it, we wish we didn't; when we don't have it we wish we did, and the object of most of it is to be able to afford not to do any some day.

(4) *Patient in lunatic asylum*:—" We like you better than the last doctor ".

New doctor:—(flattered) " How is that ?"

Patient:—" You seem more like one of us " (*For Doctors only*).

* * * * *

(5) *Son sent home from school*:—" Say, Dad, you remember the story you told me about the time you were expelled from school ".

Father:—" Yes ".

Son from school:—" Isn't it funny how history repeats itself ".

* * * * *

(6) The Scottish couple in the restaurant ordered *one* sandwich and *two* empty plates. The waiter, though annoyed, complied with the order. Passing the table a few minutes later, he saw the wife chewing. The husband's half of the sandwich had not been touched.

" Anything the matter with your half of the sandwich " asked the waiter contemptuously.

" No", replied the husband, "it's just that she is still using *our* teeth !" (*For Doctors only*).

Dairy Foods Essential to Our Nation's Strength To Meet Tomorrow's Challenge

RESEARCH work on teen-agers emphasizes the importance of an adequate calcium intake for growing young people.

One quart (32oz.=$4^1/_4$ ollocks) of milk daily during childhood-particularly when supplemented with vitamin D to insure maximum absorption and utilisation of calcium—provides ample storage of calcium prior to the rapid growth period of adolescence. The recommendation has been made that during this period of accelerated growth, the daily milk intake of rapidly growing boys and girls be increased to 3 pints (48 oz.=$6^3/_8$ ollocks). Not all of this needs to be in the form of fluid milk—cheese, ice-cream, curds, milk-toffee, *rasgollas*, *gulab-jamans*, or *basandhi* may be substituted for equivalent amounts—not excess—of milk as a rich source of calcium.

Boys and girls need ample supplies of *all* nutrients to meet demands for growth and activity. In addition to providing calcium for sturdy bones, milk supplies high quality protein for the growth of muscles and other tissues. In proper amounts, dairy foods—milk, butter, cheese, curds, ice-cream etc.—also make substantial contributions to the energy value of the diet, and to the supplies of riboflavin, vitamin A, thiamine, phosphorus, magnesium, and other essential nutrients.

Milk and milk-products as parts of an adequate diet for our youngsters, represent an investment in good health, strength and morale for our country.—(Bulletin by the *National Dairy Council of America*, 1952).

Effects of Milk in Children's Diet

In a recent 60-day test in Madras, a group of six-year-old school-boys who each received a daily glass of milk gained, on an average, a pound in weight and $^1/_3$ in. in height. Another group of boys of the same age who got no milk averaged corresponding increases of only ½ lb. and 1/10 in. This contrast was among the results of a demonstration conducted by UNICEF in several countries of Asia to show the physical effects of milk in the diet of children. The experiment has been described in a report recently published by UNICEF.

"The effects of supplementing an inadequate diet with a high-protein food were obvious within a relatively short time," says the report. "Evidence from all the countries confirms in similar terms the statement from the Government of East Punjab...that 'children who previously were pale, thin and weak looked plumper, brighter and happier after three months ".—(*UNICEF-Report*).

"Reason comprehended as universal objective insight, should be the determining factor in the beliefs of men and should constitute the controlling power in the relations existing between man and nature, man and man, man and society, parents and children."—(*Socrates*).

Soliloquy—of the Patient with the Tooth-ache

(With apologies to Shakespeare's Hamlet)

"To have it out or not—that is the question
Whether it is better for the jaw to suffer
The pangs and torments of an aching tooth
Or to take steel against a host of troubles
And by extraction, end them ? To pull, to tug
No more ; and by one tug to say we end
The tooth ache and a thousand natural ills
The jaw is heir to...........it is a consummation
Devoutly to be wished. To pull, to tug,
To tug, perchance to break,-aye, there's the rub,
For in that wrench, what agonies may come
When we half dislodged the stubborn foe.
Must give us pause; there's the respect
That makes an aching tooth of so long a life.
For who would bear the whips and stings of pain,
The old wife's nostrum, the dentist's contumely
The pangs of hopes deferred, and sleep delayed
When he himself might his quietus make
For some odd rupees ? who would rather bear
To groan and writhe beneath a load of pain
But that the dread of something lodged within
The linen-twisted forceps, from whose pangs
No jaw with ease returns, puzzles the will
And rather makes it bear the ills it has
Than fly to others that it knows not of ?
Thus dentists do make cowards of us all
And thus the native hue of resolution
Is sicklied over with the pale cast of fear ;
And many a one whose courage seeks the door
With this regard, his footsteps turn away."

(*For Doctors only.*)

Some tortures are physical and some are mental
But one that is both is dental.—*Ogden Nash.*

* * *

Breakfast foods grow odder and odder,
It's a wise child that knows its fodder.—*Ogden Nash.*

* * *

There's only one way to achieve happiness on this terrestrial ball
And that is to have either a clear conscience or none at all.

—*Ogden Nash.—America's comic poet-laureate.*

In Lighter Vein

30 MAY 1953 MADRAS

CATECHISMASTROPHE

Why is Medicine an Art and the Medical Man an Artist?

Question.—What is medicine?

Answer.—Medicine is an ART.

Q.—Why is not practised artistically ?

A.—Because its executants rely upon the substitution of memory tests for visible and maternal achievements. Artists produce material representations of the abstract; physicians abstract the material.

Q.—What material ?

A.—Other physicians' material.

Q.—Scissors and paste ?

A.—Quite so.

Q.—How is this heresy maintained ?

A.—By a series of empirical tests; first M. B.; second M. B.; final M. B.; and more others than I can repeat.

Q.—Are these the criteria of artists ?

A.—No man may practise unless he has survived them all.

Q.—What happens if he should try ?

A.—Goes to gaol after suitable execration.

Q.—Did Hippocrates ?

A.—No, but nowadays he would not be permitted to *occur* ?

Q.—Do all medical men approve of examinations ?

A.—Of course not; some teach pathology and by compulsion include some "*examination pathology*" in their curricula.

Q.—But pathology is a science.

A.—I was forgetting myself: I was trying to show that some men are humane............

Q.—Artistic ?

A.—I should not be surprised.

Q.—Is anything done to ameliorate this dreadful state of affairs ?

A.—I am afraid not: Indeed some people make things much worse by imposing extra-curriculum tests on the young.

Q.—How do they do that ?

A.—By having "*class exams*" and "prize exams"—as though there are not too many examinations already.

Q.—Who on earth submits to all this ?

A.—Artificial persons who want to succeed in an artificial world.

Q.—Who provokes this sort of thing ?

A.—Persons who hope thereby to have their names remembered.

Q.—Remembered ?

A.—Yes; like Winston Churchill, Osbert Sitwell and Thomas Beecham.

Q.—Who bring them up ?

A.—They happen to be artists.

Q.—Are they any good ?

A.—It is impossible to say. They do *not* take examinations.

Q.—*Is not this very inconsistent ?*

A.—**Artists *always* are; that's why Medicine is an ART.**

(From *The Westminster Hospital Journal—The Broadway*, for June 1952).

The Chinese and their Seven Necessities

Food is part of Chinese lore, being incorporated in a number of proverbs. One, which is usually uttered by merchants on opening their stores in the morning, is especially interesting. Freely translated, the proverb goes". Another day begins for the seven necessities—firewood, oil, salt, sauce, vinegar, tea and rice.—(*J. Am. Diet. Assoc.*, Jan. 1952).

Before and After

A new groom sweeps clean—and washes up.

Marriage entitles women to the protection of strong men who steady the step ladder for them while they paint the kitchen ceiling.

—*Reader's Digest*, Aug. 1952.

News and Notes

Curing Cataract without Surgery

Sufferers from cataract of the eyes who dread the thought of undergoing an eye operation may now find it possible to have the condition cleared up by a series of intramuscular injections into the arm. This new method is described in an American scientific journal by three of the leading New York eye specialists. They tell how patients who were almost blind have regained their normal sight after being given injections of a substance derived from the eyes of fish. Some patients aged between 60 and 70 improved considerably after only six injections of this new remedy. (*The Hindu*).

[We hope India can expect to get this new drug in the not distant future, if the preliminary results reported are confirmed in a large number of cases —Ed. *Health.*]

* * *

On the (American) Nation's Health

Abandoning his demand for a national health insurance system, President Truman (of U.S.A.) has appointed a 15 member Commission on the Health Needs of the Nation to determine the nation's "total health requirements" and to recommend within one year ways of meeting them. The Commission will look into such questions as: (1) the shortage of medical workers, public health units and hospital beds; (2) ways to speed up medical research; and (3) what can be done to improve the care of the aged and of those who are chronically ill. The Commission's chairman is Paul. B. Magnuson, a former Medical Director of the Veteran's Administration, who is known to *oppose* national health insurance!

Dr. John W. Clive, President of the American Medical Association nonetheless attacked the survey as "another flagrant proposal to play politics with the medical welfare of the American people .....a shocking attempt to give White House Sanction to the brazen misuse of defence emergency funds for a programme of political propaganda." Dr. Gundersen one of the trustees of the A.M.A.'s Board, whom President Truman first appointed to this 15 man commission declined to serve thereon.

Magnuson commented, "If the American Medical Association hierarchy devoted as much time to the care of their patients as they do to political manœuvering we would all be better off."—(From *The Scientific American,* Vol. 186, 3, 1952).

* * *

Origin of Heart Diseases

"About 40 to 50% of patients who go to heart specialists for consultations are really suffering from exaggerated or unnecessary anxiety. These phobias (fears) are often aroused or intensified by ill-considered or careless statements made by doctors concerning a patient's condition", said Dr. P. T. O'Farell, a leading heart specialist of Ireland who enjoys a very wide consulting practice.

In his presidential address to the British Medical Conference held at Dublin early in July last, he warned doctors of the danger of creating the idea of imaginary illnesses in their patients. He referred in the course of his address to "Iatrogenic diseases"—complaints that arise from suggestions made unwittingly to a patient by his doctor, which should not have been made.—(*Science Monthly*).

* * *

B.C.G. Campaign in Madras City

More than one lakh people tested

The Madras Government's mass X-Ray and B.C.G. campaign against tuberculosis launched in the City, as an experimental measure, has become very popular among the people, Dr. S Phillips, State Director of Tuberculosis, said to-day.

Till July this year, about 1,07,820 people were tuberculin-tested and 31,054 people were given B.C.G. vaccination. Almost all the schools and colleges in the City have been covered by this campaign, said Dr. Phillips.

The mass X-Ray, introduced just about 18 months ago, in the Government Tuberculosis Institute in the City, has now covered 25,000 people. This test had shown that on an average 1·6 per cent or about 400 of the ordinary healthy

persons mass X-Rayed were found infected with tuberculosis. The extension of this campaign to the districts, Dr. Phillips said, would depend on the availability of funds and equipment.

Dr. Phillips said the B.C G. campaign was now being extended to the service personnel also in the City. The Government of India recently advised the local army authorities to have their personnel B.C.G. vaccinated with the assistance of the local team. Accordingly, the test was recently carried out to the new recruits to the I.A.F. Training Centre at Tambaram and the army personnel stationed at the Fort St. George.

According to the latest statistics, nearly eight million people were tested in India up to the end of May, 1952, and about two and a half million people were B.C.G. vaccinated.

Dr. Phillips said the efficacy of the B.C.G. vaccination in India could be known at least after 15 years. "Only then could we say whether the B C G. campaign was a success or not."—(*The Hindu*).

* * *

Family Planning

Dr. C. Chandrasekaran, Director of the United Nations Office for Population Studies, addressing the Standing Committee on Planning of the Congress Parliamentary Party here is believed to have suggested that the State should assume responsibility for effecting a reduction in the national birth rate and take adequate measures to promote family planning on a large scale. Such functions, in his opinion, should be given a high priority in the Five-Year Plan.

Dr. Chandrasekaran wanted that the State should develop a sound programme to popularise family planning on the basis of scientifically worked out proceedings taking into account (1) knowledge of reproductive performances and attitude towards family size as they existed amongst different sections; (2) public opinions in regard to their requirements of particular methods of family planning; and (3) suitable methods to educate the people in matters of family limitations.

Rajkumari Amrit Kaur, Health Minister, who participated in the discussions which followed, is understood to have stated that more stress should be laid on birth control and social reforms like raising the age of marriage. Many members agreed with her.—(*The Hindu*).

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D.D.T Factory for Delhi

A joint plan of operations for the setting up of a D.D.T. Factory in Delhi was signed in New Delhi on behalf of the Government of India and representatives of the World Health Organisation and the United Nations' International Children's Emergency Fund.

The objective of the plan is the setting up of the factory in Delhi for the manufacture of 700 tons of D.D.T. annually for use by the Public Health authorities in India. The entire output of the plant will be devoted to the development and expansion of Public Health campaigns. The factory is to be established at Najafgarh Road, Delhi.

UNICEF will supply plant and equipment for the factory and WHO technical aid in the form of training facilities and experts.

Government and the two international co-operative agencies have agreed on a time-schedule which provides that the plant will be in full production by June, 1954. The schedule also provides the buildings for the factory will be completed by August, 1953, and the plant will reach India by October, 1953, and will have been installed at the site by February, 1954.

The entire estimated cost of the factory to the Government of India including the land and buildings, installation costs, contingencies and working capital will be Rs. 22,45,000.

The plant and equipment to be provided by UNICEF will, it is expected, cost that organisation $ 250,000, whereas the technical assistance to be provided by WHO by way of highly skilled technical personnel for the erection of the plant, its initial operation and for suitable training of permanent Indian technical personnel is expected to cost $ 35,000 in the first year $ 45,000 second year and $ 20,000 in the third year.

It is estimated that the cost of production per lb. of D.D.T. in the plant will be Rs. 1-10-3. The factory will produce 700 tons or 1,568,000 lbs. of D.D.T. annually. —(*The Hindu*).

Medical and Health Topics from Periodicals

Investment Counsel

This world is like a savings bank,
And Life is a balance book;
Your deposits made are the things you do
Whether by square or crook

You get full credit on account,
And interest as time goes on;
But you can't cash cheques when you have no funds
Or your balance is overdrawn.

The things you do for your fellowmen
Are deposits in your name;
They all come back in future drafts
Plus the interest accrued on same.

If you do good things, so will good return;
For bad, you will get the worst;
But you cannot draw on a blank account—
You must make your deposit first.

For a pleasant smile, you will win a heart,
For a sigh, will return a frown;
With a helping hand you will gain the world,
And riches, and great renown.

So, if you would care for dividends,
Invest—that's the thing to do—
Deposit your best in the Bank of Life,
And the best will return to you

—(Paul R. Stalnaker, in the *Houston Post*, April 20, 1952).

Coffee Check List

The National Coffee Association of America has prepared a ten-point check list to rate coffee according to established and tested standards: (*For use in hotels*).

The questions are:—

(1) When the coffee supply is ordered, do you always specify the correct grind?

(2) In making up the brew do you always measure both water and coffee?

(3) Do you make coffee frequently?

(4) Do you keep it at serving temperature?

(5) Do you use freshly boiling water?

(6) Is the coffee-making done by trained employees?

(7) Do you clean your coffee-making equipment daily?

(8) Do you give the equipment special cleaning's twice a week?

(9) Do you make special double strength coffee for serving iced coffee?

(10) Do you personally sample your own coffee several times a day?—(*Hotel and Restaurant News*, 26: 2., 1951).

Cancer

Do you know the seven common danger-signals that may mean cancer?

(1) Any sore that does not heal,

(2) A lump or thickening, in the breast or elsewhere;

(3) Unusual bleeding or discharge,

(4) Any change in a wart or mole,

(5) Persistent indigestion or difficulty in swallowing,

(6) Persistent hoarseness or cough, and

(7) Any change in normal bowel habits—(*Am. Cancer, Soc.*—From *Jour. Am Diet. Assoc.*, 28; 1952).

New Hope for Malaria Sufferers

Tiny tasteless drug now available

Daraprim: the outstanding characteristics of this new drug are that it is a thousand times as powerful as quinine, is absolutely tasteless, can be taken in tiny doses and does not cause toxic after-effects such as sickness or depression.

The entire population of two villages of Kasongo and Mumema in British Congo, 209 inhabitants of all ages, were given a weekly dose of 25 mg. for 11 weeks during the winter months, when malaria is transmitted. Twenty-two per cent had malarial parasites in their blood at the start of the experiment but all were negative by the end of December, and remained so.

Drs. Foy and Kondi, working in Nairobi, showed that mosquitoes which were fed upon the blood of a patient who had taken a small dose of Daraprim a week before, failed to become infected with malaria.

It is therefore, possible that the drug may assist in the control of the disease by its direct action in preventing transmission by mosquitoes.

Tests on infants and children at the Medical Research Council's Field Station in the Gambia have shown that a very tiny dose is sufficient to cure acute malarial attacks. As the drug is quite tasteless, little or no difficulty is experienced in getting even very ill babies to swallow their tiny dose in a syrup.

Among the countries in which satisfactory tests have been conducted are Tunisia, Indo-China, Belgian Congo, West Africa and India including Assam). Daraprim is now available for use, and as supplies reach the various malaria-infected countries new hope will also arrive for present sufferers and future generations.—(*The Wellcome Foundation Circular*, Aug 1952).

Sign on Jim Crouch's favourite coffee pot:

"The reason a dollar won't do as much for people as it once did, is because people don't do as much for a dollar any more."—(*Robert W. Rogers*).

A judge visited the office of a young lawyer on a hot summer noon The lawyer was sitting there, deep behind his books, swathed in sweat.

"My dear young man" said the judge, "your office is as hot as an oven."

"So it should be, my lord," the lawyer rose to the occasion, "this is where I bake my bread"—(*R.D.N*).

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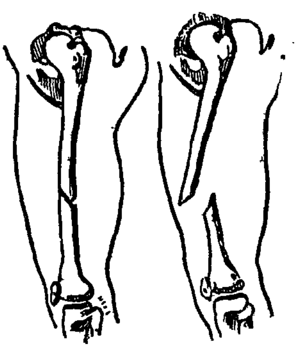
Convulsions,
Shock,
Collapse,
Sun-Stroke,
Heat-Stroke,
Asphyxia,
Shock from Electricity and Lightning Shock,
Burns,
Wounds,
Bites,
Snake-Bite,
Bruises,
Strains and Rupture of Muscles,
Poisoning,
Insensibility,
etc., etc.

CHAPTER IV

FRACTURES

BONES are hard, but brittle, and break like glass, or porcelain, by outward force (blow, fall, jump, etc.). When a bone is broken, it is called a *fracture*. Fractures are caused either by (1) external violence, or (2) by muscular action. *The external violence* is said to be *direct* when the break is at the spot where the violence is applied *e.g.*, a cart wheel passing over a leg, or *indirect* in which case the fracture occurs at a distance from the seat of injury, *e.g.*, a fall on the elbow sometimes causes



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